

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-18 846 552

SL 6550

-62-040277

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10389

STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

915 N. Grand, St. Louis, Mo.

Length of stay in 1b

65 days

c. FULL NAME OF (If NOT in hospital, give location)

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

4547 Page

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ALONZO

Middle

Last

HALE

4. DATE OF DEATH

Month

Day

Year

October

28

1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/25/86

9. AGE (last birthday)

75

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Manuel Hale

13b. MOTHER'S MAIDEN NAME

Eliza (Unknown)

14. NAME OF HUSBAND OR WIFE

Janie Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-1

17. INFORMANT

Address

Janie Hale (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pyelonephritis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Metastatic Epidural Undifferentiated Carcinoma

DUE TO (c)

Bronchogenic Carcinoma

162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8/24/62

to 10/28/62

and last saw him alive on 10/28/62

Death occurred at 7:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

10/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. PLACE OF BURIAL, CREMATION, OR REMOVAL

11-1-62

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Charles J. Gates, 3107 Finney Ave.

25. DATE RECD. BY LOCAL REG.

OCT 30 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Raymond Dickson, Student Embalmer No. 665
working under my personal supervision.

Student Raymond Dickson Signed Guyton Swan
Signature of Student Embalmer

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.